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# MEDICAL EXAMINER.

NEW SERIES.

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No. 14.]

PHILADELPHIA, APRIL 2, 1842.

[Vol. I.

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*Notes on External Applications, Bandages, Baths, &c., in the Treatment of Ascites, with Clinical Reports of Cases treated in the Philadelphia Hospital.* By W. W. GERHARD, M. D.

(Cases reported by T. L. WALKER, M. D.)

There are stages of ascites where no means of treatment can be successful, that is, when the patient is extremely emaciated, the skin very dry and harsh, and the liver cyrrhosed and contracted: the effusion is in such cases extremely large, and when once firmly established, the secretions of fluid, both urine and perspiration, are almost completely suppressed, and permanently replaced by the new exhalation into the peritoneum. In such cases the natural powers are too much exhausted to be again revived, and if we succeed in removing the effused serum by tapping, or powerful purgatives, or diuretics, the patient generally sinks. The operation in this case is never curative, it relieves the excessive dyspnœa, caused by the pressure from the abdomen on the chest, but it does not remove the cause; on the contrary, it is very evident, from observation, that the rapidity of the secretion is in reality augmented, and the peritoneum fills more rapidly than before.

In less advanced cases of ascites the treatment is palliative at first, because the disorder almost never occurs as a primitive affection, but only as the sequel of long continued liver disease, which again in our climate results in most instances from chronic intermittent fever. Tapping in these cases is resorted to by some practitioners; my own impressions are against it, believing that where successful it is unnecessary, while in the majority of cases it has a positively injurious effect. The usual treatment of the disease by purgatives, diuretics, and occasional alteratives, is too well known to require notice. But there are some other remedies which are either overlooked or forgotten, which, though ostensibly less potent, are in reality of more real value in the treatment of ascites, than powerful hydragogues. These are baths and bandages, excellent adjuvants to internal medicines.

The action of repeated baths is very simple; if the function of the skin be not totally destroyed, a warm water bath, or a warm vapour bath will favour or even reproduce perspiration, and check the tendency to internal exhalation which becomes so strong in all dropsical diseases, but especially in ascites. They must be repeated every day, or every second or third day, according to the strength of the patient; if he should become chilly after the bath, they should be discontinued for a time, but may be almost always soon resumed with perfect safety. I have generally preferred the

warm water bath to the vapour, as much more agreeable, but the latter may always be prepared by means of a few hoops, and a blanket wet with hot water and wrapped round some heated bricks, while the warm bath is in some places more difficult.

Compression of the abdomen is another valuable remedy; it is often used irregularly, but I am not aware that it was ever introduced as an efficient agent in the treatment of ascites before it was used by Bricheteau, of the Neckar Hospital. For the last six years I have very frequently employed it; in very advanced cases, where the distension of the abdomen is enormous, and the serous membranes of the chest contain much water, the bandage can scarcely be borne, from the increased impediment to the respiration. But in such cases all remedies are of little moment, but when there is moderate effusion the inconvenience of the patient is very trifling, and in some respects it is rather agreeable, by keeping up a gentle support for the excessively distended abdomen. A common broad roller may be used for this purpose, or a broad laced bandage, if well made, so as to press equably on all portions of the abdomen. The roller will, of course, become loose after a time, and must be replaced at least once in the twenty-four hours; twice would be still better. It should be continued until some time after the effusion is completely removed. The usual remedies for the treatment of ascites may be used in conjunction with the bandage.

The following cases, in which all unnecessary details are avoided, will illustrate the practice. All of them were brought before the clinical class.

**CASE 1st.**—P. B., æt. 30, Irishman, of strong constitution, admitted Dec. 14th, 1841. Had several attacks of intermittent fever. In September, during convalescence from the last, was much disposed to sleep. Abdomen commenced enlarging.

Dec. 14th.—As first seen, abdomen greatly distended; legs and arms œdematous; effusion in scrotum; sensible of a moving fluid in belly upon turning in bed.

R. Daily purgation, with supertartrate of potassa.

Juniper berry tea as a drink.

Warm bath twice a week.

Feb. 3d, 1842.—Since last date, treatment first adopted regularly persevered with; rapid improvement succeeded; excepting slight œdema of legs, all traces of the affection have passed off. Patient expresses himself in perfect health; appetite good; digestive functions perfectly performed; asks to be discharged; refused, for fear of a recurrence of his disease; was retained in the wards, from fear of a relapse, until March.

**Remarks.**—In this case, which was one of ordinary liver disease, or cyrrhosis without jaundice, the treatment was perfectly successful; no alteratives seemed necessary, and the patient was discharged apparently in absolute health. In cases of moderate cyrrhosis the liver may return slowly to its natural condition, but in many individuals it remains indurated, and not suf-



ficiently so to prevent the due performance of its functions, or to again give rise to dropsy from obstruction to the vena portarum; it is always possible that a return of the disease may occur. The patient is placed precisely in the same condition as one labouring under chronic disease of the heart, which may become indolent, after the removal of the accompanying anasarca.

**CASE 2d.—M—S—**, of muscular development, labourer, admitted December 18th, 1841. Had no other sickness before present attack. Contracted this working upon wharves at Havre de Grace. Had been there only a month before seized by chills and drowsiness. Had three chills. After them dumb agues, sleepiness, general debility. Returned to Philadelphia. Swelled at epigastrium and legs. No jaundice—no treatment.

Dec. 18th.—Entered complaining of chills. Complexion sallow; dark hair and eyes. Abdomen tense; effusion, with fluctuation in the peritoneum; percussion flat; no tenderness but at umbilicus; slight œdema of limbs.

R. Purged by supertartrate of potassa.

Mass en hydrarg. gr. iij, nocte.

Frictions of iodine ointment, and bandage to abdomen.

Jan. 20th.—Improving; slight ptyalism; blue mass suspended; purge continued. Drinks infusion of buchu leaves and juniper berries. Bandage to abdomen.

31st.—Complexion sallow yet, though vastly improved. Belly softer; no tenderness. Three stools in twenty-four hours; thin and watery. Tongue red, smooth and dry. Pulse seventy-two; soft and regular; skin rather cool; bandage irregularly applied from mistake; sweating abundant towards evening; flush of face.

Feb. 15th.—Much troubled with cough at night; bowels disordered; diarrhœa slight; effusion of abdomen fast diminishing; urine not very abundant; tongue red; papillæ enlarged; appetite good. Pulse 102; not very strong.

R. Tr. opii camp. ʒi. nocte.

R. Ol. Ricini ʒij.

Tr. opii, q. h. s. x.

Ter in die.

R. Iodine frictions and bandage continued.

Feb. 16th.—Much better; diarrhœa diminished to two stools in twenty-four hours; no pain; less distension of abdomen; cough relieved.

25th.—Except a slight cough is still doing well.

March 12th.—Since last date no treatment, except bandage and baths every third day. Convalescence has been rapid. Discharged, cured.

In this patient the general health was extremely deteriorated. The patient had a dull clay-coloured complexion, and was considerably emaciated. The influence of the mercurial action was not very evident; it was at least innocent, which is not always the case with the administration of mercury for chronic diseases of the liver after intermittents. In many such instances the debility increases, and jaundice supervenes during a mercurial course; the medicine then favoring the dropsical effusion and increasing the tendency

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to ascites. I very rarely prescribe mercury under such circumstances, if the patient be at all anemic, and if the spleen be much enlarged. In these cachectic individuals, it is more frequently mischievous than beneficial. Where the patient is still robust, and the disease of the liver is inflammatory, though in a sub-acute stage, mercury answers a much better purpose. The frictions of iodine ointment were replaced after a few days by applying a muslin cloth spread with iodine ointment under the bandage; this gave rise to much soreness of the skin, which prevented its further use. The application of the iodine is more effectual in favouring the reduction of enlarged viscera, and to some extent of tumours, than of dropsical effusions. The diarrhœa was an accident which followed the continued use of the purgatives; it is always to be dreaded in the treatment of ascites, as incurable softening of the mucous membrane frequently follows diarrhœa originating from this source. As soon as it appears, especially if the tongue be red and dry, purgatives should be immediately discontinued, and the gastro-intestinal irritation removed by soothing remedies.

CASE 3d. *Ascites and Jaundice*.—J. M., æt. 29, Irish labourer, admitted Nov. 9th, 1841. Well till last October. Seized with a chill while working upon the Delaware. It did not recur. Feverish for several days afterwards. Dysentery then came upon him. Passed blood from the bowels. Recovering from this, his abdomen swelled; eyes were then jaundiced. Came in complaining of general pains of bones and uneasiness in head.

Nov. 10th.—General jaundiced tint; not much emaciation; effusion of abdomen considerable; urine red, not albuminous.

R. Calomel gr. iij. at night.

R. Potass. supt. tart. ʒi.

Pulv. jalap gr. x, in morning.

12th.—Taken two doses of each medicine; feels less oppression; less distended; purged eight or ten times in twenty-four hours; stools large and watery; complexion less jaundiced; tongue moist, rather injected; skin of good temperature; appetite good; thirst moderate; pulse full and soft.

R. Pulv. jalap gr. xv.

Potass. supt. tart. ʒi.

Calomel discontinued.

16th.—More jaundiced; tongue clean and moist; no tenderness of abdomen; skin moist; pulse soft and regular. Treatment continued.

Dec. 3d.—Jaundiced tint diminished; some cough, with hoarseness.

R. Leeches No. xx. to larynx.

4th.—Skin slightly tinged; soft, moist, and warm; conjunctiva yellow; hoarseness gone; upwards of a pint of urine passed in twenty-four hours; effusion diminished; four or five stools a-day.

12th.—Condition improved by continued purgation, and alterative effects of mercury; jaundice tint nearly gone, except from eyes.

R. Acid nit. muriat. q. h. s. x.

Ter in die.

25th.—Acid stopped; purgative continued; feels much better; skin lost its yellow colour; eyes still jaundiced.



Jan. 3d, 1842.—Distension of belly entirely reduced; conjunctiva slightly yellow; all medicines suspended. Patient ready for his discharge.

Retained in wards as an assistant until the 18th of February, to insure his convalescence.

In the treatment of this case, occasional baths were used as in the preceding. A bandage was also applied to the abdomen during the period of the dropsical effusion. The ascites occurred in this case in the acute period of the liver disease with the jaundice; the mercurial purgatives, and cupping several times repeated over the region of the liver, acted extremely well; there was still activity of disease sufficient to justify a directly antiphlogistic course.

The patient was retained in the ward after his discharge from the sick list, for six weeks. There was no dropsical effusion at the time of his leaving the house, and no jaundice, except the faint yellowish tint, which remains in persons who have lived in hot climates. He continued at laborious work for four weeks after his final discharge. At the end of that time, in the middle of this month, (March,) he was taken with increased dropsical swelling, and re-entered the hospital on the 26th of March.

The treatment in these cases of cyrrhosis should not be persevered in for less than three or four months after the removal of the dropsical effusion. In the present case, the patient was retained until he positively required his discharge.

CASE 4th.—R. B., æt. 43, intemperate; entered Nov. 18th, 1841, after an attack of delirium tremens. Was well during summer, but has had several attacks of illness including one of dysentery. Was treated two weeks in the cells for delirium tremens before being sent to medical wards. His legs were slightly swelled at the time of his entrance there. It has gradually increased; general anasarca; appetite good. No other symptoms, except dyspnœa on coming up stairs, with palpitations.

R. Infus. buchu and juniper berries.

R. Jalap et potass. supt. tart. Bandage to abdomen.

Dec. 3d.—Complexion nearly natural; no cerebral symptoms; tongue slightly coated, moist; no febrile excitement; skin harsh; slight œdema of legs and feet; abdomen distended chiefly with gas; obscure fluctuation at lower portion; slight œdema of cellular tissue. Treatment continued.

Jan. 18th, 1842.—The above treatment was continued until the symptoms gradually yielded; distension of abdomen and œdema of legs have disappeared. Patient discharged.

This case was comparatively a slight one, and the bandage was applied from the time of his entrance until the effusion was almost gone. No return of effusion has taken place. The cases above reported were the only instances of ascites, or of dropsy dependant on liver disease, treated for some months past in one of the divisions of the Philadelphia Hospital. By combining external means with internal remedies, drastic purgatives were dispensed with.

## BIBLIOGRAPHICAL NOTICES.

*First Principles of Medicine.* By ARCHIBALD BILLING, M.D., A.M., Member of the Senate of the University of London, Fellow of the Royal College of Physicians, etc. First American, from the fourth London edition. Revised and improved. Philadelphia. Lea & Blanchard, 1842.

Dr. Billing states in his preface to the third edition, that the first edition which appeared without herald of preface or advertisement, was well received, and in the present one he has taken pains to make the work more acceptable to student and physician.

One of his objects is to remove the confusion in medicine.

"It does not appear to me that I used too strong an expression formerly in speaking of the confusion which has existed in medicine; and, as an example, I need only refer to the striking fact noticed in this work, that the two words, *inflammation* and *irritation*, which are most frequently in the mouths of medical men, are up to this day perpetually used in a double or equivocal sense. Inflammation is correctly used to imply disease, and incorrectly to signify the process by which the damage done by the disease is repaired (pp. 70-72.) Irritation is perpetually incorrectly used to signify a state of disease, as it can only be correctly applied to the process whereby anything irritates, annoys, or over-excites a part: the irritant, irritating thing, whatever that be, by its operation (irritation) produces in the part morbid sensibility. One great objection to using the term irritation to imply disease, is, that irritation (the act of irritating) produces sometimes inflammation, and sometimes only morbid sensibility; but, according to the old phraseology, *irritation* produces *irritation* and inflammation, and inflammation produces sympathetic irritation and constitutional irritation, and sympathetic irritation and constitutional irritation arise from local irritation, &c., &c. In order to avoid this equivocation, I determined, in the present edition, to adopt the term *morbid sensibility* as the name for the diseased state usually implied by irritation, and to use the word irritation only in its proper sense; and wherever the word irritation occurs in other works implying disease, it will be found that morbid sensibility may be substituted for it."

Another object is to show that medicines are not specifics, but that in different cases may act favourably in the treatment of the same diseases.

"I have shown how every medical man has his hobby to carry him to the same point, which, though he thinks it very different from his neighbour's, is as like it as one four-legged jade is to another; how one man thinks he has made a discovery that he can cure cholera with sugar of lead, and that there is nothing equal to it; whilst tartar-emetic, calomel, Epsom salts, or Glauber salts, or common salt, or mustard, or lemonade, or vinegar and water, &c., &c., will do the same thing; though none of them more quickly carry off the vomiting and purging than two of these hobbies in double harness—tartar-emetic with some neutral salt, I care little which."

As to the use of different medicines, Dr. Billing remarks aptly enough,—

"We sometimes find persons doubting the efficacy of valuable remedies from not knowing how to apply them; for instance, bark, sarsaparilla, dulcamara, logwood, carbonate of iron, arsenic, conium, digitalis, elaterium,



hydrocyanic acid, and blisters; each of these has at one time or other been said to be either inert or injurious, from misapplication, though they are powerful and efficacious remedies. We every day meet with old men who from prejudice have scarcely ever used some one or other of these substances; though others, placed in an extensive field of practice, such as our hospitals, use them daily with advantage: there are even persons who have been thirty or forty years in tolerably extensive practice who have not made use of a lancet so many times.

In going round the wards of an hospital, a pupil might remark to the physician at one bed, What a small dose, and at the very next, perhaps, What a large dose, you have given; large and small being both incorrect terms when the force applied is properly adapted to the quantity of disease and state of constitution. In practice there should be no such thing as boldness or timidity: boldness is an ignorance (for we must not suppose a recklessness) of the harm which too strong means may do a fellow-creature; and timidity is an ignorance of the efficient means which remedies afford of relieving human suffering."

These extracts from the preface show the general tenor of Dr. Billing's intentions in publishing the work—to remedy the confusion existing in medicine, to define the value of pathological action and the means of modifying them by medicinal impressions. In other words, the announcement is about equivalent to a system of medicine, but, in fact, the object to which the author attaches the greatest value is simply his own hobby, and serves no real purpose—except as a frame work upon which he has attached an immense number, of practical facts: the real merit of the work, and one to be fully appreciated by practitioners. They show large experience and philosophical thought on the part of the author.

Dr. Billing, while dispensing with the formality of chapters and sections, begins his book with certain preliminary observations, in the course of which he affirms that the first sound of the heart, like the second, is caused by valvular contraction. This opinion he admits to be heterodox, but thinks he has good reason for differing with the ordinary belief. As to this matter, we do not, however, agree with him; we believe that the opinion which ascribes the first sound to muscular contraction is the correct one. Animal temperature is ascribed, with very good reason, to the double process of deposition of solids from fluids, and the decarbonization of blood in the lungs.

Dr. Billing's doctrine of inflammation plays a very prominent part. The capillary arteries he believes to be weaker in action when inflamed, and that there is diminished arterial action—that is, diminished contraction. The throbbing is then the yielding to the action of the heart; of course a passive phenomenon so far as the inflamed part is concerned.

The action of the capillaries depends on nervous influence. Irritate the nerves of a part by electricity, &c., and you at last diminish the nervous power and afterwards the contractile capillary power, and inflammation of the dilated state of the capillary succeeds. Secretion is arrested in inflammation because the dilated vessels allow the blood particles to find an easier pas-

sage through the capillaries instead of the excretory ducts. If the patient be feeble without inflammation, as in hysteria, &c., the secretions may be increased in quantity. Slight irritations may increase secretion; these, however, Dr. Billing does not consider as inflammation properly speaking. Exudations of coagulable lymph, and often of pus, constitute a healthy reparative process, scarcely to be called inflammation. Morbid inflammation takes place when the nerves are inflamed, and then may be destructive of the tissues instead of restorative. A virus or morbid poison taken into the system produces a fermentation, compared by the author to a chemical movement which extends itself through the whole body.

Passing from the introductory part of the work the author proceeds to the analysis of different therapeutic agents, which, in fact, renders the volume a treatise on therapeutics; the theoretic portion being in the minds of most readers an unnecessary appendage. As a specimen of his mode of reasoning, we append a passage:

“It was long before I could account for what are called the *specific* effects of such remedies as mercury, arsenic, colchicum, &c. We can understand thus far, that the membranes, cellular tissue, skin, and parts which are very vascular, under common inflammation run a rapid course of disease, and are relievable by active antiphlogistic means; but when parts are attacked by specific inflammation, which is produced by a morbid poison, and which is slow in its progress, or when the tissue inflamed is one of dense structure with very minute capillaries, depletion, or taking off the *vis à tergo*, has little or no effect on those capillaries; and we are obliged to resort to what have been called specific medicines, such as mercury, arsenic, &c., which make them contract. Here we are supplied with analogies to help us in the prosecution of the cure of diseases with other remedies, in cases when the so-called specific either fails or disagrees: which being ascertained, the specific use of the medicine ceases—it ceases, in fact to be a specific. For instance, at one time no remedy was known except mercury against the chronic inflammation produced by the syphilitic poison. Now, taking my view of the proximate cause, we should deduce, *à priori*, that iodine might cure it, or that rigid diet and such remedies as mezereon would do so, by their effect on the capillaries; which has, in fact, been empirically proved to be the case. But it may be said, I have got no farther than the empiricism; on the contrary, I have no doubt but that arsenic would answer, but that, again, is not a fair example, as it is already used empirically in India; but iron would answer, only, not being so powerful, it would require the inconvenient adjunct of a rigid diet, as mezereon does. Again, I have no doubt that, on principle, colchicum might be substituted for mezereon; or antimony, silver, or copper, for the other chemical remedies: gold has been tried, and found to succeed. But though it be useful to have other means, when we cannot supply the ordinary one, we need not resort to a hatchet or a penknife to cut bread with, when there is a table-knife at hand; nor have recourse to any thing in preference to mercury for the cure of syphilis, from an apprehension that it may disagree, because in one in a thousand or a hundred cases it is found to do so. It is better to learn to modify it, by combining opium, &c., with it, to correct any inconvenience when it occurs; and when, of course, it is necessary to be able to bring analogous remedies into play.



The specific which puzzled me most and latest was sulphur for itch; but now the mystery is satisfactorily cleared, and we see why more powerful drugs taken internally could not cure it. Its cause being a parasitic animalcule, it is easily removed by rubbing on sulphur, which kills the little animal in his lair; whereas he could not be hurt by the remedies that cure those eruptions which are a disordered state of the capillaries, and which are easily affected by the remedies as they circulate through them. Therefore, as there are other substances which can kill the animalcule, though perhaps none so conveniently as sulphur (corrosive sublimate, for instance, might salivate before it could cure the itch,) one more specific is struck off our list. As for colchicum being a specific for gout or rheumatism, it is no such thing; there are several equally efficacious means of treating either. Again, there is no single specific for tic douloureux: cases have been cured with liq. arsenicalis, in which iron had failed, and *vice versa*; and I have cured a case with carbonate of iron, combined with galvanism, which I was told had held out against all the usual modes of treatment.\* Tic douloureux may also be sometimes cured better by quinine, or opium with bark or quinine, than by any other medicine; sometimes mercury, &c., &c., are necessary. Bark is no longer a specific for ague; we can cure it with arsenic, and other remedies that cure neuralgia or neuritis, which ague is in fact."

The remarks on the treatment of fever, on the proper time to give stimulants after the febrile excitement of typhus has declined, are excellent. The same notice may be taken of those relative to proper delirium tremens, and to the simulated delirium tremens which follows operations, &c., requiring stimulants, instead of evacuates.

As we have already remarked, the work is one which causes thought, but consisting, as it does, mainly of detached reflections, having no other connexion than such as existed in the chain of ideas followed by the author, it must be much more useful to the practitioner who is familiar with disease than to the pupil. The author himself states that he found such to be the case with the former editions, but that the present one is intended to be equally well fitted for beginners as veterans in medicine. But in that and in some other respects authors are not the best judges of their own works.

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*Lectures on the Diagnosis, Pathology, and Treatment of the Diseases of the Chest.* By W. W. GERHARD, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania, Physician to the Philadelphia Hospital, Blockley, and to the Philadelphia Dispensary, &c. Philadelphia. Haswell & Barrington. 1842.

A portion of this collection of lectures appeared in the Medical Examiner in the years 1840-1. Others have been added, forming a general series on physical exploration and other means of general diagnosis, as well as the histo-

\* Carbonate of iron had, of course, been already employed to a large amount; but the disease was kept up evidently by a torpid state of the liver, which had resisted mercury and other medicines. The cautious repeated application of galvanism to the organ, in about a week produced an abundant secretion of good bile, and improved the digestion; after which a perseverance with the iron for some time cured the neuralgia.

ry and treatment of individual diseases. Our remarks are necessarily limited to the announcement of the publication of the work.

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*Report of the Pennsylvania Hospital for the Insane, for the year 1841.*

*Annual Report of the Massachusetts General Hospital for the year 1841.*

The Pennsylvania Hospital is the oldest institution in the country, in which regular provision was made for the treatment of insanity. From the date of admission of the first patient in 1752, to March, 1841, when persons afflicted with mental derangement ceased to be received into the hospital in the city, four thousand three hundred and sixty-six insane patients had received the benefits of its care. In March of last year, the insane patients were removed from their old quarters in the west wing of the Pennsylvania Hospital in the city, to the new hospital across the Schuylkill, about two miles west of Philadelphia. They are here established in a magnificent building, having a front of four hundred and thirty-six feet, situated in an enclosure of a hundred and eleven acres, and erected from a surplus fund which has been created by a judicious management of the finances of the Pennsylvania Hospital. The new Hospital for the Insane is under the superintendence of Dr. THOMAS S. KIRKBRIDE, who resides upon the premises, and to whom is confided the sole direction of the medical, moral, and dietetic treatment of the patients. The first report of the institution from Dr. Kirkbride, which we have just received, presents a very interesting picture of the organization of the hospital, and of the excellent remedial measures therein employed. The spacious and beautiful grounds in which the institution is enclosed afford the means of employment, exercise, and amusement, which are systematically and judiciously turned to account in the management of the large class of chronic cases, beyond the reach of mere medicines. The catalogue of pleasures and comforts and mental resources which are here in every way multiplied in the attempt to win back the unfortunate insane to reason, presents a truly pleasing contrast with the barbarism which prevailed fifty years ago. Agreeable occupation of mind and body, with freedom from unnecessary restraint, is recognized as the main instrument to be relied on in restoring the great mass of what are termed chronic cases of insanity. In carrying out this plan, every facility is at command in the Pennsylvania Hospital for the Insane, and is employed with paternal kindness and watchful solicitude. We hope the time is not distant when the insane poor of our State, who are, for want of means, neglected, may enjoy some of the benefits which are at present necessarily limited to a few. The results of a single year of the new system in the Pennsylvania Hospital cannot of course be taken as a test of its advantages. A very large proportion of the cases were very unpromising—old inmates of the hospital in town, and long deemed incurable. During the year 1841, 176 patients were admitted into the



institution, of whom 61 were discharged or died, and 115 remain. Of the 61, 30 were discharged cured, 5 much improved, 6 improved, 11 stationary, and 9 died. Owing to the too early removal of many patients by their friends, the reporter justly remarks that the numerical statements of admissions and discharges do not give correct data for ascertaining the *curability* of insanity. Still, the institution furnishes elements for the most important results—perhaps more favourable than any similar institution. From Dr. Kirkbride, holding as he does his appointment independent of the political changes, which sometimes disturb the physicians of our State Lunatic Asylums, we may look in time for the fruits of a long series of uninterrupted observations, which he is abundantly capable of rendering of great value.

The annual report of the Massachusetts General Hospital for 1841, represents the different departments of that well ordered institution in excellent discipline. The report of Dr. LUTHER V. BELL, physician and superintendant of the McLean Asylum for the Insane, offers many points of interest. Dr. Bell protests against the usual system of reporting statistics connected with institutions for the insane. We agree with him in attaching no great value to the results announced in the *annual reports* from insane hospitals, and fully admit that so many circumstances complicate the history, causes, and results of the cases, that the numerical statements of "*recovered*," "*improved*," "*much improved*," &c., really convey no accurate idea of the success of treatment. We do, nevertheless, attach value to the statistical results of a series of many years from a careful observer. The disturbing elements which complicate the facts of a single year may be corrected in calculations for a large space of time; or, at least, from a vast mass of statistics the cases of a complex nature may be so eliminated as to leave deductions of real importance. Dr. Bell, however, whose opinions are entitled to great weight, says:—"I made the attempt to give a general return of the varied circumstances relating to the cases for the first twenty years of the institution. After laboring with the amplest records before me for many weeks, the project was abandoned as neither capable of an accuracy to render it interesting to the community, and as certainly of little value to the profession. In truth, I was apprehensive that conclusions drawn from facts so uncertain, would partake quite as much of error as of truth."

He thinks that from the loose statements now put forth, "there is infinite danger that the public mind may arrive at such views and expectations as to the curability of insanity, as will eventually react most unfavourably on our successors in these holy, though arduous avocations, if not upon ourselves."

Dr. Bell's report contains many excellent and original views on the treatment of insanity. We strongly recommend all who feel special interest in the subject to peruse it entire.

## THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL 2, 1842.

### MISCELLANEOUS NOTICES.

*University of Pennsylvania.*—At the annual commencement held on 26th March, the degree of M. D. was conferred on 109 graduates. In July last, 5 received the same degree, making a total for the year of 114.

*Louisville Medical Institute.*—At the fifth annual commencement of this school, held on 3d March, the degree of M. D. was conferred on 53 alumni of the school, and on two graduates from other schools, besides four honorary degrees. The valedictory address was given by Prof. Caldwell. The number of students during the session was 263.

*Transylvania University, at Lexington, Ky.*—The catalogue of this institution shows a list of 271 students during the past session, and of 57 graduates. The valedictory address by Prof. Bartlett.

*Medical College, of the State of South Carolina.*—158 students attended during the past session, of whom 58 received the degree of M. D.

*Medical College of Richmond, Va.*—55 students, 16 graduates.

*Columbia College, at Washington, D. C.*—A list of 20 graduates is published.

*College of Physicians and Surgeons, N. Y.*—25 graduates.

*University of New York.*—51 graduates.

*Willoughby University, Ohio.*—In 1840 and 41, 7 graduates.

*A Board of Naval Surgeons*, composed of Drs. W. P. C. Barton, J. A. Kearney, Thomas Dillard, W. S. W. Ruschenberger, and Waters Smith, will assemble in this city on the 4th inst., for the examination of candidates for the post of assistant surgeons in the Navy, and of assistant surgeons to be passed for promotion.

### ANALECTA.

*On Croton Oil in Tic Douloureux.* By J. A. EASTON, M., D., Professor of Materia Medica in Anderson's University, &c.—The observations of Janelli, of Sir Charles Bell, Dr. Newbigging, Mr. Cochran (of Edinburgh,) and others, on croton oil as a remedy in nervous diseases, induced me to try that medicine in the subjoined case which presented itself on the 10th inst. On that day I was requested to visit Mr. W. M., a gentleman, whose vocation as a commercial traveller necessarily exposes him to the full force of those sudden atmospheric changes which take place so frequently in our northern climate. Four days before this, Mr. M. had travelled for five hours, from five to ten, P. M., on the top of a coach during the prevalence of a piercing easterly wind. The day after this journey, he was seized with intense pain in the left side of the head; to relieve which, he applied, of his own accord, eight leeches to the affected part, and had recourse to Epsom salts and other purgatives. Deriving no benefit from his stock of *domestic therapeutics*—which he had completely exhausted—my services were requested on the 10th, as already mentioned. Pain, represented as excruciating and darting, is experi-



enced at stated periods in the left side of the scalp from forehead to vertex, while pressure on the trunk of the left supraorbital nerve augments his sufferings to an almost intolerable degree. The headach commences about five in the afternoon, and continues without intermission or abatement for fourteen hours, during which the patient is so distractingly agonised that he feels a strong desire to dash his head on the wall, or any other solid body that is within his reach. His friends state, that at this period he is slightly incoherent. With the termination of the dreaded fourteen hours, return tranquillity of mind and alleviation of pain. The bowels are regular, the pulse is 80, the skin cool, the tongue whitish; but it ought to be mentioned, that when these observations were noted, the headach, though severe, was comparatively tolerable. The following was ordered:—

R Croton oil, gtts. ij.

Compound extract of Colocynth, gr. xij.

Make into four pills, of which let one be taken every two hours.

On the next day (the 11th) the headach was greatly relieved, though by no means removed. The medicine, to use his own language, had produced "above forty stools," of a yellow colour and most offensive smell. The urine was greatly increased in quantity, and of a deep-red colour. Desirous to follow up the success which had been evidently obtained, I ordered the pills to be repeated; but the severe purgation which they had induced formed an obstacle to their administration, which neither argument nor entreaty could overcome. Under these circumstances the treatment at first adopted was abandoned, and the following was substituted:—

R Arsenical solution, gtts. viij. Three times a day.

12. Pain of head returned yesterday afternoon with nearly equal intensity, and Mr. M. has passed a sleepless night. Will not consent to take the pills which were prescribed on the 10th. Increase the dose of the solution of arsenic to ten drops; and let half a drachm of tincture of aconite be rubbed upon the painful part of the head, morning and evening.

13. No change. Headach as severe as formerly, and of the same duration.

14. Headach as intense as on the 10th. Patient, having an impression that death will soon terminate his sufferings, will now submit to anything in the way of treatment. Omit the solution of arsenic and tincture of aconite.

R Croton oil, gtts. ij.

Crumb of bread, q. s.

Make into four pills; one to be taken every three hours.

15. Pain of head did not return until five hours after the usual period, and, when it did commence, was less severe; alvine evacuations frequent, but neither so copious nor so offensively foetid as formerly, and of natural colour; urine greatly increased in quantity. Continue the pills.

16. Had only four hours of pain which was moderate and tolerable; alvine evacuations abundant, but not profuse; no note of state or amount of urine. Continue the pills.

17. Has had no headach since last visit; slept well last night, and is refreshed, composed, and cheerful. Take one pill night and morning.

18. No return of headach; feels perfectly well, and is anxious to resume business. Pills produced no greater action upon the bowels than what an ordinary laxative might have been supposed to have induced.

24. Continues free from headach up to this date.

*Remarks.*—That the benefit in this case was owing to the croton oil is evident, I think, from the circumstance, that this medicine was the first thing to make an impression on the disease, which had resisted ordinary purgatives and the application of leeches to the head; and further, that when the oil was intermitted, the headach returned with its former intensity—yielding neither to arsenic—valuable so frequently in such cases—nor to that excellent anodyne, the aconitum napellus. Secondly. That the beneficial effects of the remedy were not owing to its action as a *mere purgative*, but to something specific in regard to the disease for which it was administered, appears likely from the circumstance, that this patient had previously had recourse to the more usual purgatives, had induced profuse catharsis, yet experienced no mitigation of suffering. Thirdly. In what this specialty of the croton tiglium consists, or through what media it developes itself, I am unable to say; but I cannot help calling attention to the circumstance, that the urine was increased in quantity, and was evidently denser than usual, and that the alvine evacuations were of a “yellow colour and most offensive smell.”

Now these are precisely the more important physiological actions of *colchicum autumnale*, so valuable an agent in articular rheumatism, to which, in my opinion, neuralgia bears a strong resemblance. The seat of this latter ailment is, I conceive, in the fibrous neurilema, while under the influence of that modified form of inflammation which is set up in the fibrous structures of the joints when they are attacked with rheumatism. Not only does identity of tissue support this view of the pathology of the disease, but similarity of symptoms also, particularly the characteristic tendency in both maladies to periodical exacerbations and to intervals of comparative repose. Dr. Lewins, of Leith, has demonstrated from chemical analysis, that by the exhibition of the meadow-saffron the specific gravity of the urine occasionally rises from 1.000 to as high as 1.037; and that the cause of this increased density is the augmentation of urea and of urate of ammonia, results which Dr. Lewins tells us have been verified by Professor Chelius, of Heidelberg. By the influence of colchicum also, as well as by that of croton tiglium, the alvine evacuations assume a bright yellow colour, the liver being stimulated apparently through the duodenum, in accordance with the physiological law, that when a membrane is irritated on which an excretory duct opens, the gland from which that duct proceeds is excited to unusual secreting activity. Can it be then that the croton tiglium is similar in its action to the colchicum autumnale, and that it does good in *tic douloureux* by inducing the same effects that colchicum does when it alleviates the sufferings of the gouty and the rheumatic—by eliminating urea and uric acid salts through the urine when these highly nitrogenous productions of the blood are in excess, and thereby the sources of constitutional irritation, and also by causing a supersecretion of bile? We know that colchicum is an invaluable remedy in fibrous or articular rheumatism; and if I am correct as to the pathology of neuralgia, and if croton oil is beneficial in that disease, is it unreasonable to suppose that two remedies which cure similar complaints should do so in a similar manner?

This case and these speculations have been published chiefly for the purpose of directing the attention of the profession to this subject, to the effects especially of croton oil on the kidney, and to the character of the urine under its influence; for I feel conscious that I did not in the above case examine that excretion so minutely, as to warrant me in trespassing any longer on the indulgence of the reader.—*London Lancet*, Jan. 29, 1842.



[We have used the croton oil as a purgative in congestions of the brain, marked by flushed face and attended with pain of a neuralgic character, but not in simple neuralgia. In the former class of cases it is a most valuable remedy. In a patient to whom we lately gave it, the medicine relieved him after two doses, when bleeding and purgatives had failed. There is evidently something peculiar rather than specific in the action of the medicine. When first taken it produces a strong feeling of nausea, and purges some time afterwards; if it be frequently repeated, the nausea does not diminish at each dose, although the purgative power does. There is certainly much analogy between its action and that of colchicum.]

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*Abscess in the Pelvis after Parturition.* By J. T. JAMESON, Surgeon to the Rochdale Dispensary.—Mrs. N—— was admitted a patient of the dispensary under my care, November 3, 1841. She informs me that it is a month since her confinement, in which she was attended by a female, claiming the title of a midwife. The labour was speedy, and the placenta not being equally so in its exit, the midwife pulled it away with much violence, giving her acute pain, particularly in the left iliac region. There was a copious discharge of blood at the time, and a moderate quantity for a few days subsequently. The pain in the left groin, for on more particular examination such was found to be its seat, has been gradually increasing from the time of delivery, and, according to her description, is of a throbbing and occasionally stabbing character, shooting down to the anus, and across to the pubes. In the horizontal position the pain is not so violent except at night, when it is frequently very severe, and deprives her of sleep. When she assumes the erect position, the pain is very distressing, particularly on attempting to walk, which she accomplishes with the body bent forwards, and the left thigh drawn up towards the trunk. Bowels constipated, and when moved she experiences acute pain in the region of the anus; passes her urine with difficulty and much pain; countenance pale and haggard; pulse frequent and small; tongue dry and brown in the centre; thirst, loss of appetite, and emaciation. There is some degree of fulness to be detected in the left inguinal region; but no defined solid tumour can be felt. There is much pain experienced on pressure being made immediately above the centre of Poupart's ligament, and it is to this spot that she points as being the principal seat of her pain. A vaginal examination being permitted, no cervix uteri is to be felt, and the os tincæ is firmly closed. On the left side of the os uteri, a firm unyielding tumour is perceived, which projects but little into the vagina, and, so far as can be ascertained by the finger, appears to extend up towards the left groin. Pressure upon it produces acute pain; on examining per anum, a swelling, occupying chiefly the left side of the pelvic cavity, and apparently almost obliterating the calibre of the rectum, was discovered. Pressure upon the tumour causes here, also, severe pain. She was ordered to maintain the recumbent position and to take castor oil until the bowels were freely moved. Pil. sap. c. opii. grs. x. h.s.o.n.—Nov. 8. Found her sitting up, and much improved in appearance, having lost the haggard, anxious countenance above mentioned. The bowels have been well moved; she has much less pain, and is able to walk with the body nearly upright, and the whole of the left foot placed upon the ground, which she

was unable to do before. Has slept much better the last two nights.— Whilst sitting up, on the evening of the 6th, she suddenly discharged about half a teacupful of pus per, vaginam, which was followed by immediate relief, and, on rising to walk, she found she was able to extend the thigh, and set down the foot much better than she could previously. She rapidly improved from this period, requiring merely a little castor oil occasionally; and on Tuesday, December 14, she came to the dispensary to be discharged.— She appears to walk without impediment, although she expresses herself as feeling weak on that side; with this exception, she seems quite restored.— *Provincial Medical & Sur. Journ. Jan. 29, 1842.*

**UNIVERSITY OF PENNSYLVANIA.**—At a Public Commencement held the 26th of March, 1842, the following gentlemen received the Degree of Doctor of Medicine. An address was then delivered by Dr. Gibson, Professor of Surgery.

*North Carolina.*—John Q. Anderson, Cynanche Trachealis; William H. Banks, Puerperal Peritonitis; Oscar F. Baxter, Parturition; Jesse G. Bryan, Dysentery; William W. Clements, Intermittent Fever; Edward A. Crudup, Spontaneous Hæmorrhages; Shelby Currie, Dyspepsia; William W. Davis, Acute Gastritis; William J. Hawkins, Indigestion; Augustus H. Macnair, Menstruation; Robert J. Steele, Phthisis; Albert C. Wharton, The Revulsive Action of Medicine; Henry Yancey, Emetics.

*Alabama.*—Thomas J. Anderson, on Hygiene; James A. Dozier, Hydrocele; Joseph M. Heard, Depletion; Jesse E. Trippe, Acute Gastritis.

*Virginia.*—Henry Ashton, Intermittent Fever; Monro Banister, Puerperal Fever; William H. Batte, Dysentery; Walter A. Brown, Cynanche Trachealis; Patrick H. Christian, Disease of Kidney; Daniel Conrad, Acute Gastritis; William T. Cornick, Scarlatina; Robert W. Dailey, Amenorrhœa; John J. Gravatt, Scarlatina; Asa W. Graves, Hæmatemesis; James W. Green, Fractures; Solon P. C. Henkel, Aneurism; Josiah N. Jones, Intermittent Fever; Richard Kennon, Means of easing the pains of Parturition; Josiah Manry, Acute Gastritis; David E. Meade, Emotional Tears; John H. Mettert, Leucorrhœa; Lewis A. Miller, Scarlatina; Hollowell Old, Peritonitis Puerperalis; Mann A. Page, Scarlatina; William P. Palmer, Irritable Uterus; Edward H. Pritchett, Metritis; Thomas C. Revely, Neuralgia; Moore Robinson, Pathology and Symptoms of Pneumonia; William W. Roper, Amenorrhœa; William Strother, Dyspepsia; John G. Tannor, Acute Gastritis; Francis Otway Tompkins, Menstruation; Robert B. Tunstall, Delirium Tremens; James A. Waddell, Iodine; Richard P. Walton, Arsenic; Francis West, Iron; John F. White, Prolapsus Uteri; John J. Wright, Fractures; John A. Hunter, Theory of Menstruation and Amenorrhœa; Wm. W. Gwathmey, Bilious Remittent Fever.

*Delaware.*—James V. Z. Blaney, The Invest. of the Veg. Mat. Med.; Saulsbury Gove, Rheumatism.

*New Jersey.*—Philip F. Brakeley, Anascara; Andrews E. Budd, Prolapsus Uteri; Lewis C. Cook, Reproduction; Theodore Johnes, Hydrophobia.

*Georgia.*—William A. Brinson, Congestive Fever of the South; Jeremiah Hilsman, Gonorrhœa.

*Ohio.*—John L. Burt, Dietetics.

*Tennessee.*—Edward R. Cage, Cholera Infantum; John Dickinson, Delirium Tremens; Samuel M. Edgar, Gunshot Wounds; Edward B. Littlefield, Deformity from Anchylosis; James P. M'Farland, Fungus Hæmatodes; Walter S. M'Nairy, Intermittent Fever; John S. Peete, De Febre Biliosa Remittente; James W. Phillips, Idiosyncrasy; Benjamin F. Taliaferro, Hydrocephalus.

*Maryland.*—Samuel Chamberlaine, Urethral Stricture; George Dennis, Typhus Fever; Edwin W. Henry, Cholera Infantum; Henry H. Mitchell, Cholera Infantum; George W. Purnell, Icterus; William G. Rider, Tenotomy; Samuel Tyler, De Puerperali Peritonite; Thomas W. Woodland, Dyspepsia.

*Nova Scotia.*—Robert Dickey, Acute Peritonitis.

*St. Croix.*—John F. Egan, Blood.

*Philadelphia.*—Richard M. Greenbank, Autumnal Fever of Q. Ann Co.; Samuel L. Hollingsworth, Iritis; Elisha Kent Kane, Kyestine; Edward H. Ward, Amaurosis.

*Rhode Island.*—George A. Hammett, Akenesic Power.

*Missouri.*—James Hogan, Prolapsus Uteri.

*Kentucky.*—James M. Hood, Circulation of the Blood; James M. Reid, Scarlatina; William Todd, Inflammation.

*Pennsylvania.*—J. Temple Hotchkiss, Rubeola; Mahlon P. Hutchinson, Prolapsus Uteri; R. Parker Little, Tetanus; John Dickinson Logan, Arthritis; Franklin B. Martin, Pleuritis; Matthias J. Penny-packer, Respiration and Animal Heat; Griffith J. Scholl, Phlegmasia Dolens; Edwin Shoemaker, Acute Gastritis.

*Mississippi.*—Alexander C. L. Magruder, Congestive Fever of Mississippi; Thomas H. Young, Aneurism.

*New York.*—John K. Mason, Scrofula; Harvey F. Montgomery, Dislocation of the Os Humeri.

*Louisiana.*—John Postlethwaite, Fever; Thomas Towles, Scarlatina.

*Massachusetts.*—George Shove, Therapeutics; John B. Walker, Hydrocele.

*Missouri.*—Richard Henry Stevens, Milk-sickness of the West.

*Florida.*—Thomas B. Taylor, Spermorrhœa.

At the Commencement in the Arts, held in July, 1841, the following gentlemen received the Degree of Doctor of Medicine.

*Georgia.*—Lorenzo N. Burge, Conception.

*Pennsylvania.*—John T. Clarke, Gonorrhœa; Maurice P. Linton, The Seven Eras of Women; John Miller, Intermittent Fever.

*Virginia.*—William M. Thompson, Acute Gastritis.

Total, 114.

W. E. HORNER, Dean of Medical Faculty.